



LOUISIANA DEPARTMENT OF PUBLIC SAFETY  
PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

**INFLATABLE AMUSEMENT DEVICE, ATTRACTION,  
OR RIDE CERTIFICATION OF INSPECTION / REINSPECTION**

NOTE: La. R.S. 40:1484.1 requires that each inflatable amusement device, amusement attraction, or amusement ride be inspected annually by a NAARSO or AIMS certified inspector who is licensed through the Office of State Fire Marshal prior to initial registration and to renew registrations.

<b>INSPECTION TYPE:</b>	<input type="checkbox"/> ANNUAL*	<b>INSPECTION MODE:</b>	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REINSPECTION
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\*NOTE: For annual inspections, completed forms are to be forwarded to the Office of State Fire Marshal

**REASON FOR REINSPECTION:**

<b>NAME:</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER / OPERATOR	<b>OSFM LICENSE:</b> <small>(If Applicable)</small>	<b>LICENSE EXPIRATION:</b> <small>(If Applicable)</small>
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<b>PHYSICAL ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>TELEPHONE:</b>	<b>EMAIL ADDRESS:</b>
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**AMUSEMENT DEVICE INFORMATION**

<b>DEVICE TYPE:</b> <input type="checkbox"/> INFLATABLE	<input type="checkbox"/> ATTRACTION	<input type="checkbox"/> RIDE
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<b>DEVICE NAME:</b>	<b>SERIAL:</b>	<b>OSFM PLATE:</b>	<b>MANUFACTURER:</b>	<b>DATE MANUFACTURED:</b>
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<b>DATE OF LAST MODIFICATION / ALTERATION:</b>	<b>DATE OF LAST ANNUAL INSPECTION:</b>
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**INSPECTOR / INSPECTION FIRM INFORMATION**

<b>NAME OF INSPECTOR:</b>	<b>OSFM LICENSE:</b>	<b>LICENSE ENDORSEMENT:</b> <input type="checkbox"/> Check if 3 <sup>rd</sup> Party
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**INSPECTOR'S PHYSICAL ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
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<b>TELEPHONE:</b>	<b>EMAIL ADDRESS:</b>
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<b>NAME OF INSPECTING FIRM:</b>	<b>OSFM LICENSE:</b>	<b>LICENSE ENDORSEMENT:</b> <input type="checkbox"/> Check if 3 <sup>rd</sup> Party
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**INSPECTING FIRM PHYSICAL ADDRESS:**

<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
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<b>TELEPHONE:</b>	<b>EMAIL ADDRESS:</b>
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**INSPECTOR'S CERTIFICATION**

I hereby certify that the described amusement device was inspected and found to be in an operable state and meets the standards and requirements of the manufacturer.

I hereby certify that the described amusement device was inspected and found NOT to be in an operable state for the reason(s) outlined below:

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\_\_\_\_\_  
SIGNATURE OF INSPECTOR

\_\_\_\_\_  
DATE OF INSPECTION